

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

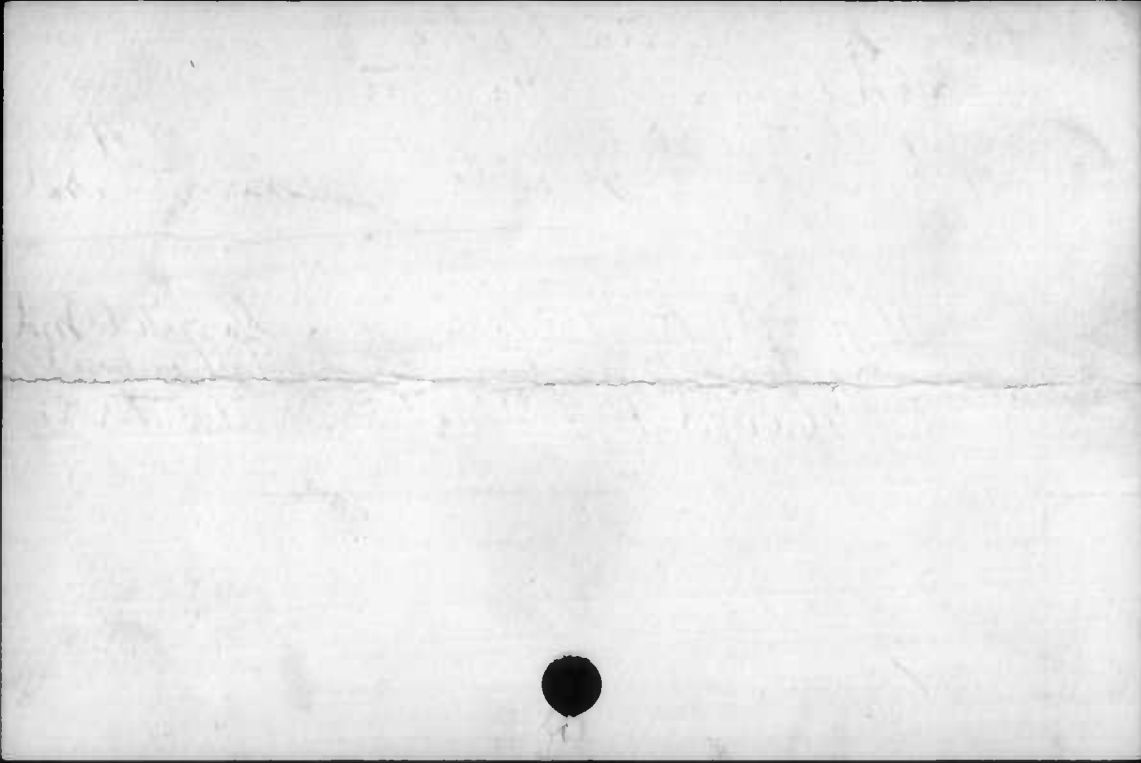
Died at <i>Red House,</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Oct</i>	Day <i>30</i>	Age	Years	Months	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Garrett Co Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>David H Fike</i>			Father's Birthplace <i>Garrett Co Md</i>				
Mother's Maiden Name <i>Katie Montgomery</i>			Mother's Birthplace <i>Tucker Co W Va</i>				
Name of person giving information <i>David H Fike</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Injuries to Brain during birth</i>	How long <i>✓</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Amos A. Schum</i>
	Address <i>Eglen W Va</i>
Accident or Suicide? <i>—</i>	



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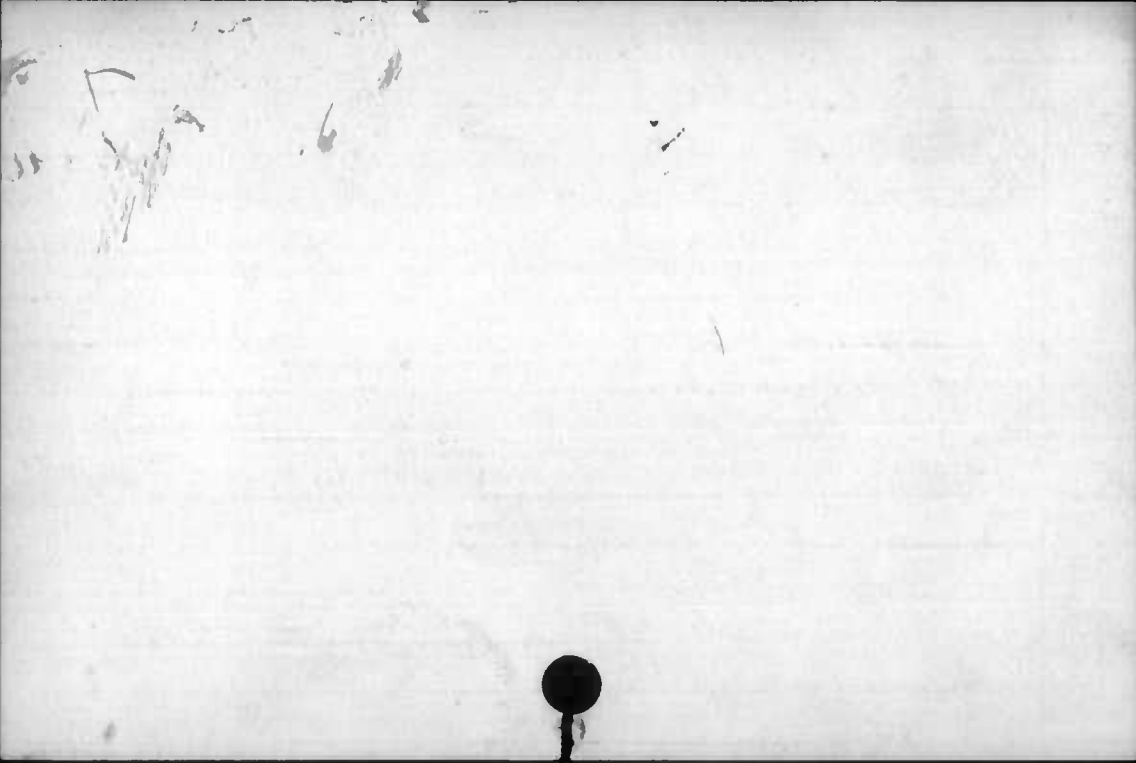
Died at <i>Kitzmiller</i> Town		<i>Barrett</i> County		MARYLAND	
Date of death	<i>9</i> Month	<i>Oct</i> Day	Age <i>22</i> Years	<i>9</i> Months	<i>20</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Alabama</i>		
Occupation <i>miner</i>	Where Residing if not at place of death <i>Kitzmiller</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Hallie Hartley</i>				
Father's Name <i>Wm Hartley</i>	Father's Birthplace <i>Alabama</i>				
Mother's Maiden Name <i>Margaret Bibbitt</i>	Mother's Birthplace				
Name of person giving information <i>Mrs Hartley</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>fractured spine (lamina process) with crushing</i>	How long
Immediate <i>cellulitis of cord, and complete paralysis below</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Caused by a fall of 20 ft. in the mines, as he was striking a large sharp rock fell on his back.</i>	Signature of Physician <i>H P Bohelun</i>
Accident or Suicide?	Address <i>Blaine, W. Va.</i>



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CERTIFICATE OF DEATH

Ellen Lovone Johnson

MARYLAND

Died at *New Bedford House* *Garrett* County

Date of death 1909 *Oct* *29* Age *2* Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Henry Johnson*

Father's Birthplace *Maryland*

Mother's Maiden Name *Ellen Griggs*

Mother's Birthplace *Maryland*

Name of person giving Information *Jed Griggs*

How related to deceased *Grandfather*

CAUSES OF DEATH

176

Primary *Smothering to death*

How long *✓*

Immediate *Smothering to death*

How long *9. S. Hamill*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Registration Office for Garrett County,

No physician present

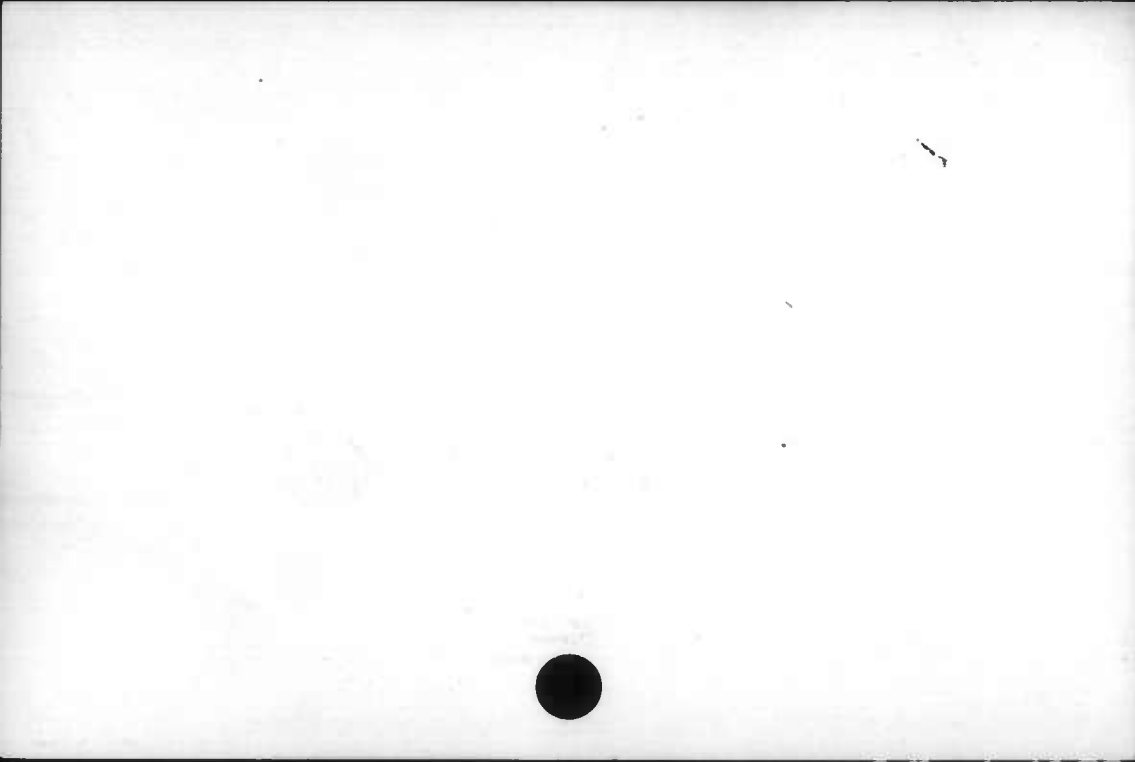
Address

Gilmer S. Hamill County Registrar.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



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CERTIFICATE OF DEATH

Minerva Berthena Male

Died at ^{Town} Swallow Falls ^{County} Garrett

MARYLAND

Date of death 1909 Oct 9 Age 35- Months 8 Days

Sex Female Color or Race white Birth-place W Va
Occupation House WifeWhere Residing if not
at place of death

Married, Single or Widowed married Name of Wife or Husband Ellsworth Male

Father's Name William Minard Father's Birthplace W Va

Mother's Maiden Name Margaret Male Mother's Birthplace W Va

Name of person giving Information Ellsworth male How related to deceased husband

CAUSES OF DEATH

Primary Enteric Fever How long 4 mo

Immediate Asthenia How long Six weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. L. McCarver
Oakland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

